

Calculating COVID-19

Getting Back on Track

by Congressman Steve King

Each of us must be responsible for our own health and accountable for the impacts we have on each other. We can't rely on government to make each decision for us. Personal responsibility has been fading from our national psyche for more than a generation, but perhaps this COVID-19 menace will show us the way back to our American roots.

Never in modern history has there been such an abrupt shock simultaneously to our healthcare system and our economy. The 1918 Spanish Flu may have been a worse pandemic. The Great Depression may prove to have been a more costly economic hit, but never as suddenly or as astronomically have we thrown so great a portion of our treasure at a crisis this abruptly.

Without arguing the reasons for a near national shutdown or for spending trillions, we all know the path we are on will eventually destroy more lives than it saves; perhaps our nation itself. When then, and under what circumstances shall we "bring 'er about" and reset our course back to prosperity and harmony?

Americans are quickly learning the means by which this disease is transferred. We will learn a lot more in the next few weeks. We are practicing "social distancing," hand sanitizing, mask wearing, and self-quarantining effectively. We do so, not only because government tells us to but, especially because we have learned and understand the risks to our health and to others. We Americans are moving towards a solution by taking informed social and personal responsibility.

How then, do we move to the next step? What knowledge or information can we use to determine if we, as individuals, are safe enough to reengage into our economy and society and under what conditions? Some of us know we are high risk and should be some of the last ones to venture out into society. We know advanced age and preexisting conditions significantly reduce survival rates if infected. We know there are a significant number of people who are asymptomatic yet are carriers who infect others.

We don't know the demographics of asymptomatic carriers. We know, generally county by county, how many have tested positive, how many negative, how many hospitalized, in ICU's, ventilated, and how many died. Many times, we don't learn how many have recovered. In none of these cases are the names or addresses of the afflicted released to the public. Even the municipality of residence of those stricken is scrubbed from public record in a misguided hyper compliance with perceived HIPAA statute. There are multiple counties where only one person has tested positive. They may or may not have recovered and they may or may not live next

door. They may live an hour away in the opposite corner of your county or they may live right across the road but in a neighboring county.

HIPAA changed our culture to one of medical hyper-privacy. The cost was the loss of access to information that let neighbors look out for neighbors. There once was a time, pre-HIPAA, when we knew who to pray for, who to bake a casserole for, and who to visit in the hospital. Restoring the best parts of that era would serve us all well today.

Regardless, there is demographic data (please note that I do not include names or addresses in my proposed demographic data) that can inform our individual and interactive decisions. I propose we compile both positive and negative test results, each subject's actual age by year and month of birth, their height and weight, their full list of preexisting conditions, their sex, their residence by city and neighborhood and an epidemiological estimate of how they contracted the disease. All of this information should be available. It needs to be compiled into a standard form and entered into a public database. Why?

If you are a 61 year-old female, in good health, without preexisting conditions, you have a far better survivability probability than an 80 year-old male who has diabetes, is extremely obese, and who has a heart condition. Each of the described subjects are in the same statistical category, and each will want to know their risk of death if they contract COVID-19. Conversely, if you are a 17 year-old and you know that only 17 lowans who are 17 and younger have been diagnosed with the virus, don't you want to know if, of the 17, any were actually 17? You are starting to understand my point. If we can all learn what is typical, we can also conclude that which is probable. When each of us are fully informed of the probable, we will then decide where and when we should go back to work, to church, to school, or to the fishing hole or golf course. The data required for us all to make informed decisions is in the hands of government and government needs to compile and publish accurate data in real time.

There is no reason for the data I've described to be confidential or hoarded by government for any purpose. The way for government to bring about the best response by the public is to ensure the public is fully informed. Anything less smacks of an attempt to manipulate our decisions and actions.

I propose we plug all the data I've described and more into an interactive web site calculator, maintained by the CDC or the private sector. Millions of Americans would immediately go to the site, enter their age, sex, height, weight, and any preexisting conditions to determine their personal survivability factor if they contract the disease. If the calculator concludes they have a 99.9% chance of recovery, they will be more confident to go back to work and resume the rhythm of their lives. If they have only a 50% chance of survival, they will likely decide to self quarantine. But, if their grandchild is in the 99.9% *category and exposed, they will likely decide to delay the family reunion until this plague passes.*

We have a country to put back on the rails. Let us do so prudently, fully informed and soon.

Congressman Steve King represents Iowa's 4th Congressional District in the United States House of Representatives.

###